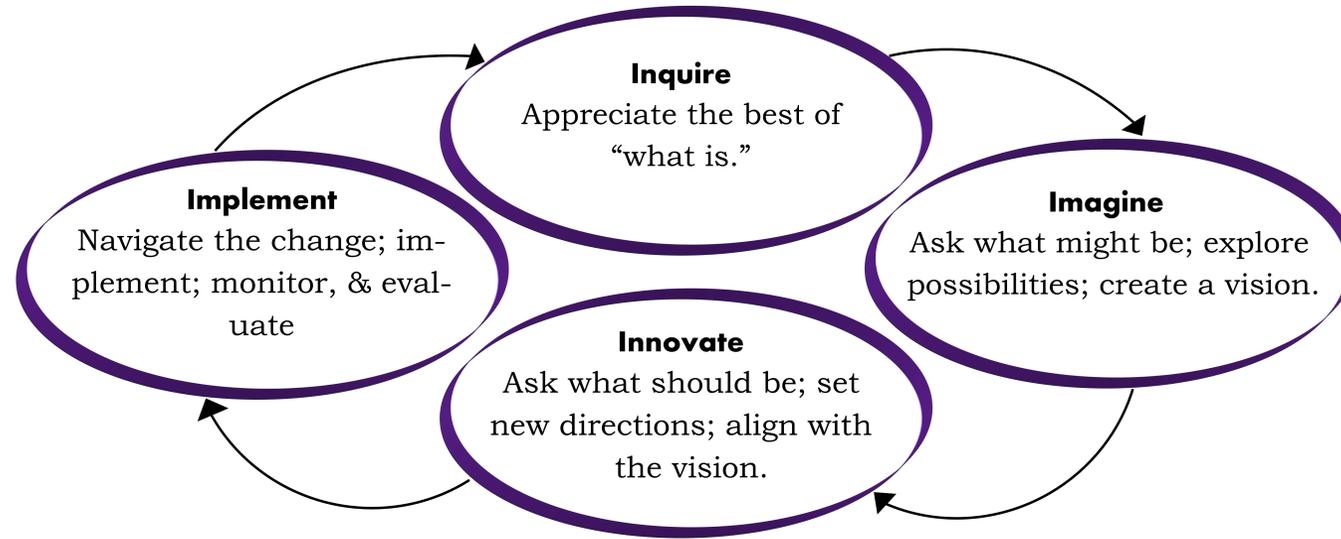


Using Appreciative Inquiry (AI) for Workplace Learning: Preliminary Findings

Using AI (Preskill & Catsambas, 2006), an evaluation of workplace **learning circles** found evidence of **knowledge transfer to practice**. The voices of disempowered workers were heard in a turbulent health care environment. AI offers research potential in similar settings.

AI stresses positive outcomes, mirrors learning circle collaboration, & has four phases:



What is a learning circle?

- . Collaborative learning/adult learning principles (Brookfield, 1986)
- . Experiential learning (Kolb, 1984)
- . Operates in the workplace
- . Experienced practitioners explore topics of interest
- . Limited time & resources required

Conclusions:

- . The learning circle creates a safe place for staff to discuss issues & ideas
- . It gives staff time to reflect on & share their experiences
- . It can be a powerful training tool

The Pilot— 3 Circles

- . An interdisciplinary team—one unit serving mentally dysfunctional elderly clients
- . RNs with charge nurse duties—different units in large urban site
- . Health Care Aides—day & evening shifts in small rural site

Evaluation Objectives:

1. Contribute to understanding of workplace learning & knowledge translation
2. Contribute evaluation findings to future research agenda
3. Build evaluation capacity in team members, staff, & partners

Data Collection:

- » Participant Self-assessment Capability Questionnaire—mid-project (n=16)
- » Participant Knowledge Transfer Questionnaire—end of the project (n=16)
- » Facilitator Learning Circle Tracking Sheet—after each meeting (n=23)
- » 2 Focus Groups/Learning Circles— mid-project & end
- » 10 Key Informant Interviews—end of project

Recommendations:

1. Expand the learning circle approach
2. Conduct larger trials to confirm the study findings
3. Determine if practice change has an impact on resident care

Limitations:

- . Small scope—one hour meetings, once a month
- . Staff turnover; varied attendance (3-8 members/meeting)
- . Occurred during significant organizational & community change

Evaluation Findings:

AI had a small scale impact on practice. Observed changes included:

1. Information & ideas shared
2. Feelings of isolation & “going it alone” reduced
3. A variety of learning methods used
4. Safe space for problem solving created
5. New knowledge produced & owned by participants
6. New ideas shared with other workers
7. Supportive on-going peer group developed

Early Impact:

- . ICCER-supported research team received \$200,000 to implement learning circles in 7 continuing care organizations in Alberta.
- . Research papers & posters accepted for presentation at AEA, CAG, & EES.

